

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000020911

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** COASTAL HEALTHCARE SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

229 GOLF CLUB CIRCLE  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

229 GOLF CLUB CIRCLE  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 04-3724899      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KYLE, DAVID  
229 GOLF CLUB CIRCLE  
TEQUESTA, FL 33469      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID KYLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KYLE, DAVID A II  
Address: 229 GOLF CLUB CIRCLE  
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM ( ) Delete  
Name: DOMB, MARC  
Address: 201 LONE PINE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARC DOMB

MGRM

03/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date